

Date Received _____

City of Wyoming Inspections Department

Application for Plan Examination and Commercial - Industrial - Institutional Building Permit

1155 28th St. SW P.O. Box 905
Wyoming, MI 49509-0905
Telephone (616) 530-7285
Fax (616) 249-3484

Applicant Instructions: Complete parts I - VI of this form. Submit form along with complete set of plans and specification. Submit all documents electronically through the Planning, Zoning, Engineering application through BSA On-line. Special Inspections may also be required per the MBC 2015 Building Code Section 1704.0 for review. Contact your architect for instructions. No permit refunds.

I. LOCATION OF BUILDING	AT (LOCATION) _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (NO.) (STREET) </div> NAME OF BUSINESS _____		
II. TYPE OF BUILDING 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition 3 <input type="checkbox"/> Alteration 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Foundation only	III. PROPOSED USE - Nonresidential (continued below left) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 1 <input type="checkbox"/> Amusement, recreational 2 <input type="checkbox"/> Church, other religious 3 <input type="checkbox"/> School, library, other educational 4 <input type="checkbox"/> Parking garage or lot 5 <input type="checkbox"/> Service station, repair garage 6 <input type="checkbox"/> Hospital, institutional </div> <div style="width: 50%;"> 7 <input type="checkbox"/> Office, bank, professional 8 <input type="checkbox"/> Public utility 9 <input type="checkbox"/> Industrial 10 <input type="checkbox"/> Stores, mercantile 11 <input type="checkbox"/> Tanks, towers 12 <input type="checkbox"/> Other - SPECIFY </div> </div>		
Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, industrial facility, rental office building, office building at industrial plant, etc. If use of existing building is being changed, enter proposed use. <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	IV. COST Cost of improvement..... <i>To be installed, but not included in the above cost</i> a. Electrical..... b. Plumbing..... c. Heating, air conditioning..... d. Other (elevator, site construction, etc.) _____ _____ TOTAL COST OF PROJECT (Land value not included.)	<div style="text-align: right; font-style: italic;">(Omit cents)</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	

V. SELECTED CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME 1 <input type="checkbox"/> Masonry (wall bearing) 2 <input type="checkbox"/> Wood frame 3 <input type="checkbox"/> Structural steel 4 <input type="checkbox"/> Reinforced concrete 5 <input type="checkbox"/> Other - SPECIFY _____		DIMENSIONS Number of stories..... <i>Total square feet of floor area, all floors, based on exterior dimensions.....</i> 1st floor..... 2nd floor..... 3rd floor..... Total area, sq. ft.....			
PRINCIPAL TYPE OF ROOF FRAME 1 <input type="checkbox"/> Steel beams 2 <input type="checkbox"/> Bar joist 3 <input type="checkbox"/> Pre-engineered building Manufacturer name _____ 4 <input type="checkbox"/> Wood truss 5 <input type="checkbox"/> Other - SPECIFY _____ _____ _____ _____		MBC 2015 Use Group (Chap.3) _____			
		MBC 2012 Construction Type (Chap.6) (circle one)			
		IA IB IIA IIB IIC IIIA IIIB IV VA VB			
		Fire Suppression System _____ Total Land Area (sq. ft.) _____			
VI. IDENTIFICATION					
Name		Mailing address - Number, street, city, and state		Zip code	Telephone No.
1. Owner or Lessee					
E-mail					
2 Contractor					
E-mail					
3. Architect or Engineer					
E-mail					
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. A PDF or electronic signature will be treated as an original for all purposes and by signing, the applicant consents to that treatment of any PDF made of the document.					
Application Date		Signature of applicant		Address	

Inspection Dept. staff use only. Applicant: DO NOT WRITE BELOW THIS LINE

PLAN REVIEW RECORD - For office use				
Plan Review Required	Check	Date Plans Approved	By	Notes
BUILDING				
PLUMBING				
MECHANICAL				
ELECTRICAL				
PLANNING DEPT				
ENGINEERING DEPT				
FIRE DEPT				
INDUSTRIAL TREATMENT				

ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS				
Permit or Approval	Check	Date Obtained	Number	By
BOILER (STATE MI)				
CURB OR SIDEWALK CUT (ENG)				
DEQ (STATE MI)				
ELEVATOR (STATE MI)				
ELECTRICAL				
FIRE SUPPRESSION				
GRADING				
HEALTH DEPT (KENT COUNTY)				
MECHANICAL				
PLUMBING				
SIGN OR BILLBOARD				
BOARD OF ZONING APPEALS				
OTHER				

Permit To: _____

VALIDATION - Building		
Permit Value	_____	Use Group _____
Fee	_____	Type Construction _____
25% Plan Review	_____	Occupancy Load _____
Deposit*	_____	
TOTAL	_____	(TITLE)

*Deposit, if applicable, may be refundable if permit does not expire, and number of required inspections are not exceeded

Statement of Special Inspections in compliance with MBC 2015 Building Code Section 1704.0 etc.

Prepare by Architect/Engineer and submit by Permit Applicant before issuance of permit.

Owner shall provide for special inspection services.

Project:		Location:	
Owner:			
Architect:			
Construction Operations		Check if Required	
Fabricator's Shop			
<input type="checkbox"/> Wood Trusses			
<input type="checkbox"/> Steel Fabrications			
<input type="checkbox"/> Precast Concrete			
Inspection agency to submit certification of compliance.			
Steel Construction			
Shop			
Materials			
High Strength Bolts			
Welds			
Details			
Concrete Construction			
Materials			
Rebar/pretensioning steel			
Formwork			
Strength			
Mix			
Placement			
Curing			
Prestressing			
Grouting			
Precast Erection			
Masonry Construction			
Materials			
Strength			
Mix			
Mortar/Grout & Application			
Reinforcement			
Cold Weather Protection			
Anchorage			
Wood Construction - Specify			
Soils			
Site prep			
Fill placement			
Spray Fire Proofing			
EIFS			

NOTICE TO SPECIAL INSPECTORS: You are required to keep records of all inspections and to furnish a copy of such records to the Building Official upon request. All discrepancies shall be brought to the immediate attention of the contractor or fabricator for correction. If the discrepancies are not corrected within a reasonable time, the discrepancies shall be brought to the attention of the code official and to the registered design professional of record. A final summary report that indicates the scope of your inspections and the work was completed in accordance with the approved plans, specifications, and the applicable standards shall be submitted prior to the issuance of the certificate of occupancy.

A. SOILS/ SITE PREPARATION

NAME OF INSPECTION FIRM:

ADDRESS:

PHONE:

FAX:

B. CONCRETE CONSTRUCTION

NAME OF INSPECTION FIRM:

ADDRESS:

PHONE:

FAX:

C. MASONRY CONSTRUCTION

NAME OF INSPECTION FIRM:

ADDRESS:

PHONE:

FAX:

D. STEEL FABRICATION

NAME OF INSPECTION FIRM:

ADDRESS:

PHONE:

FAX:

E. STEEL ERECTION

NAME OF INSPECTION FIRM:

ADDRESS:

PHONE:

FAX:

F. PRECAST CONCRETE FABRICATION

NAME OF INSPECTION FIRM:

ADDRESS:

PHONE:

FAX:

G. PRECAST CONCRETE ERECTION

NAME OF INSPECTION FIRM:

ADDRESS:

PHONE:

FAX:

H. FABRICATION WOOD

NAME OF INSPECTION FIRM:

ADDRESS:

PHONE:

FAX:

I. OTHER:

NAME OF INSPECTION FIRM:

ADDRESS:

PHONE:

FAX:

J. OTHER:

NAME OF INSPECTION FIRM:

ADDRESS:

PHONE:

FAX:

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CITY OF WYOMING INSPECTIONS DEPARTMENT
FIRE PENETRATION PROTECTION AFFIDAVIT

TO: _____ Permit No.: _____

Address of Job Site

Building Inspections Department

Business Name of Job Site

I, _____, the agent for _____

License # _____ hereby certify that all penetrations through rated walls, ceilings, floors and other barriers resulting from the passage of pipes, conduits, buss ducts, cables, wires, air ducts, pneumatic ducts, construction joints and opening, and penetrations from similar building service equipment installed in connection with the above permit has been protected by approved systems, materials, and/or devices meeting the accepted criteria of the American Society of Testing Materials (ASTM E814) and have been installed by qualified persons in accordance with the manufacturer's specifications and in compliance with the MBC 2015 Building Code.

Print Name and Title

Signature

Date

Firm

Address

Phone

Witnessed By: _____
Print Name *Signature* *Date*

To be given to the Building Inspector at the time of the rough in inspections and/or prior to installation of finish materials which prevent adequate inspection.

Required for certificate of occupancy.

INSPECTOR INFORMATION

Heath Swinson, Building Inspector
1155 28th St. S.W.
Wyoming, MI 49509-0905
Email: Heath.Swinson@wyomingmi.gov
Web: www.wyomingmi.gov
Phone: (616) 261-3516
Fax: (616) 249-3484

Bill Aman, Fire Marshal
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Fax: (616) 249-3484

Robert Brackett, Electrical & Housing
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Phone: (616) 530-7291
Fax: (616) 249-3484

Tim Hannan, Plumbing Inspector
1155 28th St. S.W.
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Web: www.wyomingmi.gov
Phone: (616) 530-7288
Fax: (616) 249-3484

FAX ALL SPECIAL INSPECTION REPORTS TO (616) 249-3484

**SOILS, CONCRETE AND STEEL REPORTS ARE REQUIRED ON
PROJECTS UNLESS OTHERWISE NOTED**

